



\$ RCE/3661

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995. See The American Inventors Protection Act of 1999 (AIPA).	Application Number	09/832,808
	Filing Date*	April 12, 2001
	First Named Inventor	Stephen CHEN
	Group Art Unit	3661
	Examiner Name	G. Chin
	Attorney Docket No.	BHT-3204-35

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. NOTE: * Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.
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1. Please consider the following as the required submission under 37 C.F.R. §1.114:	RECEIVED MAY 06 2003 GROUP 3600
<input checked="" type="checkbox"/> a. The Preliminary Amendment/Reply filed on April 30, 2003:	
<input type="checkbox"/> b. The Information Disclosure Statement (IDS) filed on (date):	
<input type="checkbox"/> c. The Brief/Reply Brief filed on (date):	
<input type="checkbox"/> d. The ___ page(s) of Form PTO-1449 and copy of each listed document filed (date):	
<input type="checkbox"/> e. Other:	
<input checked="" type="checkbox"/> 2. A <u>three</u> - month Petition for Extension of Time is filed herewith.	
<input checked="" type="checkbox"/> 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.	
<input checked="" type="checkbox"/> 4. A check in the amount of \$ <u>840.00</u> is submitted herewith (filing fee \$375; extension \$465).	
<input type="checkbox"/> 5. This Request is transmitted by facsimile to number (703) _____.	
<input type="checkbox"/> 6. Other:	

THE RCE FEE IS CALCULATED AS FOLLOWS:						Basic Fee:	\$750.00	
Total Claims:	4	-	20	(highest number previously paid for) =	0.00	X \$18 =	0	
Independent Claims:	1	-	3	(highest number previously paid for) =	0.00	X \$84 =	0	
Correspondence Address: TROXELL LAW OFFICE PLLC 5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041						Multiple Dependent Claim (add \$280.00):	0	
						Subtotal:		\$750.00
						50% Reduction if Small Entity Status:		\$375.00
Phone: 703-575-2711 Fax: 703-575-2707						Total:	\$375.00	
Date:		Name:			Signature:		Reg. No.	
April 30, 2003		Bruce H. Troxell					26,592	

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